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ABSTRACT
Guidelines for establishing and developing programs for speech and hearing impaired children are presented. The information is intended to be of value in planning, developing, administering, and evaluating programs in Tennessee public schools. Part 1, for administrators, outlines standards and other information related to the following aspects of speech and hearing programs: types of positions, approval of schools, employment standards, specialist certification, program initiation, administration, and roles of involved personnel and of the State Department of Education. Part 2, a guide for speech and hearing specialists, covers such topics as identification and eligibility of children, determination of case load, scheduling, grouping, and coordination time. Part 3 describes and lists offices of ancillary agencies - the Tennessee Department of Public Health, and hearing and speech centers. Information is also provided on the Tennessee School for the Deaf. (KW)

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A Handbook for Administrators

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State Department of Education
Nashville, Tennessee

1970

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GUIDELINES FOR IDENTIFICATION

A Guide for Speech and Hearing Programs

TENNESSEE

STATE DEPARTMENT OF EDUCATION

DIVISION OF INSTRUCTION

AREA OF SPECIAL EDUCATION

NASHVILLE, TENNESSEE

1970

BEDFORD GALIMORE

Governor

J. O. WEST

Commissioner

FOREWORD

The ability to communicate is one of man's greatest assets. Among other considerations, this ability involves speaking and listening; therefore, communication can be carried on most effectively when the one speaking does so with a high degree of perfection and the one listening hears well.

The Tennessee State Department of Education is committed to the policy of providing opportunities which will permit each child to develop to the maximum of his potential. To this end, programs in speech and hearing have been provided in local school systems. It is intended that each child shall be given the opportunity he needs to develop speaking ability commensurate with his speech potential and the opportunity he needs to develop his listening ability.

This publication contains guidelines for establishing and developing programs in which children with speech and hearing difficulties can be helped to solve their problems. The information should be of great value in planning, developing, administering, and evaluating programs in the public schools of Tennessee.

J. H. Warf

J. H. Warf
Commissioner

Services to exceptional children were included in the total program of education in 1967. Prior to that time physically handicapped children were generally deprived of the educational opportunities afforded other children except those which were provided by the Department of Public Health through Crippled Children's Services.

Educators in Tennessee, along with professional and lay groups, declared that more attention be given to the provision of educational opportunities to care for individual differences in children. Today, the area of Special Education in the Division of Instruction is engaged in the challenging work of assisting local school systems to provide services that exceptional children need beyond the regular instructional program and beyond the facilities of the regular classroom.

The Tennessee State Department of Education wishes to acknowledge the valuable assistance rendered by various agencies, school systems, and individuals in the preparation of this handbook.

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Introduction

Speech has been said to be man's greatest accomplishment. It constitutes man's chief medium of social adaptation and control,[1] and is the basic tool by which an individual relates to others in the world around him.[2] Furthermore, the far-reaching consequences of communication disabilities may have significant social or emotional effects on both the individual and his family. Children and adults with such communication problems require the services of speech and hearing specialists who have a high degree of clinical competence through professional study and experience.[3]

Speech and hearing specialists perform their work in a variety of employment settings. Among the important employment environments are the public schools. The services and functions of the speech and hearing specialist, even though she works within the public schools, are not the same as those of the curriculum-oriented, instructional personnel, such as the classroom teachers of the deaf or teachers of the socially retarded. These classroom teachers are concerned with instruction in subject matter skills determined by the curriculum of the school, and they must have the preparation which provides them with the knowledge and techniques for such instruction. On the other hand, the work of the speech and hearing specialist is in the nature of diagnostic evaluations and therapy which are related primarily to the communication handicaps of an individual.[4]

Identification of Speech Disorders

Speech is defective when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes the possessor to be maladjusted. Speech is defective when it is inappropriate, unintelligible, or unpleasant.[5] More simply stated, speech is defective when we listen more to how something is said than to what is being said.[6] Most speech disorders may be classified under one or more of the following terms: articulation, fluency, voice, or delayed speech and language development.

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[1] See pp. 44-45 for references.

Articulatory Disorders

Articulatory disorders possess one of the most prevalent problems of the speech correction program. Research so about three-fourths of the problems in a school population are in this classification. These disorders vary in severity from complete unintelligibility to defective production of only one of the sounds. Articulatory disorders may be one or more of the following types of deviations:

Substitution of one sound for another as "wed" for "red."
Omission of sounds as "ittle" for "little."
Distortion of sounds as whistling s or lateral emission of the air for s.

Fluency Disorders

This broad term covers deviations in the rate or rhythm of the speaking voice. Stuttering, the most frequent problem in this category, usually combines the use of excessive effort in speaking with repetitions or hesitant speech utterances. Since some dysfluency is common for all speakers and since labeling a child's problem as stuttering sometimes leads to concern, embarrassment, and even greater dysfluency, the term stuttering should be avoided when talking to the child or his family.

Other fluency disorders include rapid or uneven rate in speaking, and extremely slow and labored speech. The latter problem is frequently seen in individuals with neuromuscular disorders such as cerebral palsy.

Voice Disorders

Surveys have shown that approximately six percent of the school-age population has some deviation of voice.[3] These disorders include deviations in pitch, quality, or intensity. Pitch is defective if it is either so high or so low that it is inappropriate to the age and sex of the speaker or if the voice is characterized by sudden changes in pitch level. Voice quality may be considered defective if it is excessively nasal, denasal, harsh, or breathy. Defects of intensity are easily recognizable as voices are so soft that they do not carry or so loud that they irritate the listeners.

Related Speech and Language Development

Children who are significantly retarded in their use of speech and language usually need the help of speech and hearing specialists. Sometimes the disorder is more obvious in articulation, sometimes in the child's limited vocabulary, while, in some children, the difficulty is most noticeable in the child's use of grammar and syntax. Recent evidence indicates that language disorders are much more prevalent and more closely related to other speech disorders such as articulation and fluency than was formerly believed. Disorders of language are receiving greater attention in today's public school speech therapy programs since the child's ability to use and understand language has a profound effect on his performance in other academic subjects.

Related Factors

Speech and language disorders usually arise from a complex interaction of environmental and constitutional factors. In many instances, such as with the cleft palate, cerebral palsied, or hard of hearing child, there is an obvious neuromuscular, structural, or sensory defect with some probable relationship to the child's speech. The child with a cleft palate, for example, frequently has excessive nasal resonance in his speaking voice. The hard of hearing child may have noticeable deviations in articulation and voice quality. However, one should not assume that the presence of organic deviations is a direct cause of the speech problems since some children with palatal clefts have normal speech and many children without clefts have excessively nasal speech. The converse of the previous statement is also true. The largest number of children with speech problems have no directly observable physical deviations in the speech or hearing mechanism. Although such speech disorders are frequently called "functional," one should not assume that the absence of a known organic deviation necessarily means that the problem is solely environmental or emotional. Recent evidence[9] indicates that many children with so-called functional articulatory problems may have minor but significant central nervous system dysfunctions.

The speech and hearing specialist, through diagnostic procedures and through information received from psychological and medical reports, seeks to determine the factors most important in each child's speech problem. Environmental factors might include poor speech standards, poor speech models, inadequate stimulation, emotional pressure, or the presence of different cultural patterns in the home. Constitutional factors frequently related to speech and language problems include structural problems such as palatal clefts and dental malocclusions, hearing disorders, and neuromuscular dysfunctions.

PART I

GUIDE FOR ADMINISTRATORS

This guide for establishing speech and hearing programs has been divided into two sections -- namely, Speech Handicapped and Hearing Impaired.

SPEECH HANDICAPPED

Speech problems are found in approximately five percent of the school-age population. Tennessee has accepted the concept that it is necessary to provide an equal opportunity for all children. Acting on this concept, the General Assembly of Tennessee made the first state appropriation for Special Education in 1947. The Public Acts for this comprehensive program of services to exceptional children are in Tennessee Code Annotated, Sections 49-2901-2,[9] which defines the exceptional child and the powers of the State Board of Education.

The State Board of Education in implementing these laws has periodically revised its Rules, Regulations, and Minimum Standards[10] to provide for the expansion and improvement of services. Services for the Speech Handicapped include two types of positions, which are outlined in 1969-70 Rules, Regulations, and Minimum Standards, pp. 14-15, as follows:

1. Speech and hearing (Itinerant position)

   A full position shall be allowed for instruction to a minimum average monthly caseload of seventy (70) eligible children. This minimum applies to programs organized to provide one (1) hour of specialized instruction per eligible child per week. The visitation schedule shall be organized to provide at least two (2) visitation periods per week for each eligible child.

2. Severe speech and hearing (May be itinerant)

   A full position shall be allowed for instruction to a minimum average monthly caseload of twenty-five (25) eligible

children with severe speech and/or hearing problems provided: first, it can be shown that children enrolled suffer from such severe speech and/or hearing problems that they require a minimum of two (2) hours of specialized instruction per week; and second, the program is organized to provide this specialized instruction.

In order for a school system to qualify for one of the above positions in the minimum foundation school program, the following conditions shall be met:

A. Approval of Schools (1969-70 Rules, Regulations, and Minimum Standards, pp. 54-55.)

1. Use appropriate identification procedures to determine eligibility of children.
2. Provide a teacher who meets employment standards for exceptional children.
3. Develop a curriculum adapted to the individual needs, interests, and abilities of each child.
4. Provide appropriate physical facilities.
5. Provide the special equipment, materials, and supplies needed to implement the special program.
6. Provide special transportation where necessary.
7. Maintain appropriate records and reports to be used in planning and evaluating special education services.

B. Employment Standards (1969-70 Rules, Regulations, and Minimum Standards, p. 19.)

Teachers of exceptional children
(a) Shall hold a valid teacher's certificate.
(b) Meet the specialized requirements for certificate endorsement in the appropriate area of exceptionality. (See below.)
(c) Be approved by the State Commissioner of Education.

C. Teacher Certification (Tennessee Regulations for Certification of Teachers, 1968, pp. 22-23.)[11]

Speech and Hearing:

An applicant for endorsement in Speech and Hearing shall have a minimum of 60 quarter hours in the General Education Core plus 30 quarter hours of Professional Education, of which not less than 9 and not more than 15 quarter hours shall be in Psychological Foundations of Education. In addition, the applicant shall have completed at least 36 quarter hours in the following specialized preparation:

A. Survey course in exceptional children (required)

B. Course work basic to both speech correction and hearing (at least 9 quarter hours)

Study of phonetics; language development, biological, psychological and social foundations of speech and hearing disorders, including anatomy, physiology and function of auditory and speech mechanics

D. Specialized course work in speech correction (at least 15 quarter hours)

Study of pathologies in oral communication and procedures in management of children and youth with speech and hearing disorders, including diagnosis and evaluation, therapeutic methods and materials

E. Specialized course work in audiometry and hearing rehabilitation (at least 9 quarter hours)

F. Practicum: (at least 300 clock hours or equivalent)
Some supervised practice in both speech and hearing (required)

Persons meeting the above requirements and employed by local school systems are referred to throughout this guide as speech and hearing specialists.

INITIATION OF A SPEECH THERAPY PROGRAM

It is the responsibility of the local school system to initiate services for exceptional children. The State Department of Education, through the Area of Special Education, assists the local system in providing appropriate programs for the various areas of exceptionality. These special programs are a part of the total educational program and, therefore, a direct responsibility of the local board of education. A program may be initiated, such as speech therapy, if enough children need special instructional experiences. Most programs must go through a period of development and expansion. Beginning with limited services as determined by priority of needs, programs expand as facilities, personnel and finances are provided.

The following procedures are suggested for developing a speech therapy program:

1. Determine the needs. Identify the eligible children in the school system. Determine their specific needs and establish priorities for meeting these needs. This may be done by consultation with parents, teachers, principals, physicians, and personnel from other agencies. Medical and psychological evaluations are useful in determining eligibility.

2. Use consultative services. Obtain information from the regional supervisor of special education, a representative from Crippled Children's Service, and/or a representative from an institution of higher education with teacher training preparation programs in speech and hearing regarding state aid, types of approved programs, and procedures for identifying eligible children.

3. Secure approval of position. Obtain from the regional supervisor of special education the appropriate forms for each type of position requested. The forms to be completed and submitted to the regional supervisor of special education are:

   SE-100 - Plan for Full-Time Special Education Position
   SE-108 - Request for Authorization to Purchase Special Equipment, Materials, and Supplies under Excess Cost Program

00-290 = Preliminary Report of Speech and Hearing Teacher
00-291 = Annual Report of Teacher of Speech and/or Hearing

6. Select a qualified person. Employ a specialist with certificate endorsement in speech and hearing. This person should recommend a plan for organizing the program.

9. Provide physical facilities. Determine that appropriate space is available. (See 1969-70 Rules, Regulations, and Minimum Standards, Sec. J, pp. 34-35.) A list of recommended equipment is shown on page 17 of this guide.

ADMINISTRATION OF THE PROGRAM

In Tennessee, the superintendent is responsible for the administration of the total program and may designate the staff member to supervise the speech therapy program. He will confer with the regional supervisor of special education before submitting the appropriate forms for pre-approval of the program to the State Department of Education. The local school system is responsible for developing written policies concerning the program of speech therapy services. These policies should include an annual evaluation of the program, the needs for expansion, and provisions for in-service training. In a small school system where there is not a sufficient number of children to constitute a full position, two or more systems may jointly provide a program of speech therapy. (See 1969-70 Rules, Regulations, and Minimum Standards, Instructional Agreements, p. 20.)

The speech and hearing specialist should observe the same number of hours as the regular classroom teacher. (See 1969-70 Rules, Regulations, and Minimum Standards, p. 10.) Speech therapy services are an integral element of the total school program, and the specialist is expected to coordinate activities with the classroom teacher to provide an effective learning environment.

From 70 to 90 children generally would constitute an average monthly caseload. For speech and hearing specialists to work with more than this number of children will be unprofitable, inefficient, and unusual. The quality of the services to children and the total effectiveness of the program are jeopardized by trying to serve too many children.

Some of the major factors to be considered in scheduling are: attitudes toward the program, the geographic locations of the schools, adequate physical facilities, the number of severe speech problems, as well as the total number of speech cases to be scheduled.[2] In large school systems, the assignment of schools is usually made by the person designated by the superintendent. In established programs, the assignment of schools to be served should be completed by the end of the first week of school.

Some children need group therapy only, some receive individual therapy only, while others benefit most from a program combining group and individual therapy. Whenever possible, children from the same grade level are grouped together, so that appropriate materials and activities can be utilized. The final decision on grouping should be left to the judgment of the professionally competent speech and hearing specialist. For group therapy, it is recommended that no more than four children receive therapy at any one time.

The speech and hearing specialist should consider the severity of the handicap and the effect of the problem on the child's personal, social, and educational adjustment in determining priority for admission to the program. Some children need two hours of instruction per week rather than one. Decisions in the program can be made for these children. The regional supervisor of special education will help the administrative staff make arrangements for this variation.

Articulatory ability is related, among other things, to maturation. Many speech sound errors of six-year-old children will be corrected without special speech services. An exact figure on how many errors a six-year-old child should have before he is given special therapy is difficult to set. Some types of problems are more resistant to change than others. The speech and hearing specialist should use professional discretion when considering children under seven years of age.

PHYSICAL FACILITIES

Facilities for therapy are an integral part of the overall speech program and relate to the effectiveness of the therapy process. Not only do poor facilities minimize motivation of the specialist, but the motivation of the children is similarly affected. The provision of the following recommended list of facilities and equipment is the administrator's responsibility:

Speech Therapy Room

Location	Near lower elementary classrooms and relatively quiet
Size	130 sq. ft.
Lighting) Heating) Ventilation)	See 1969-70 Rules, Regulations, and Minimum Standards, pp. 47-48
Acoustical treatment	Acoustical treatment of ceiling and/or wall to wall carpeting
Electrical power supply	Two 110 V double plugs conveniently located
Chalkboard	One 3' by 5' mounted on wall at appropriate height for children
Bulletin board	One 4' by 4' mounted on wall
Mirror(s)	Small hand mirrors and 3' by 4'
Table	One - approximately 32" by 48"
Chairs	Four chairs that can accommodate both lower and upper elementary children

Furniture (at home school)

Desk	One small office desk
Chairs	Three chairs, one office chair, two folding chairs
Storage space	Small locked cabinet
File cabinet	Two drawer file cabinet with lock
Bookcase	Wall mounted or stand approximately 4' linear space
Typing and duplicating	Available facilities

Equipment	
Tape recorder	One assigned for exclusive use of specialist (cassette recorder preferred)
Typewriter	Available
Electric clock	Preferred
Desk/table	One
Auditory training equipment	If needed
Phonograph	Available

The above list is a combination of suggestions taken from: Clinical Speech in the Public Schools: Organization and Management by Holland Van Hattum and Otis.

Role of the Coordinator

The coordinator is the person designated by the superintendent to assume administrative responsibility for the speech and hearing program. Although most public school programs may not have anyone in a supervisory position who is familiar with the speech and hearing therapy techniques, the coordinator of the program should assist the speech and hearing specialist in the development of a quality program. The coordinator should:

1. Assign schools and assist in the scheduling of children served.

2. Confer with principals to secure adequate rooms for speech and hearing therapy classes.

3. Arrange for facilities and equipment for each room in which the speech and hearing specialist works.

4. Provide secretarial help for preparing explanatory materials and any other materials that the speech and hearing specialist may need in her work.

5. Recommend materials and current literature for purchase for professional libraries of schools.

6. Assist in the integration of the speech and hearing therapy services with the total school program by:
   a. Introducing the speech and hearing specialist to school personnel.
   b. Informing the speech and hearing specialist of system policies and procedures.
   c. Providing the speech and hearing specialist the opportunity to interpret the program to professional and lay groups.
   d. Helping the speech and hearing specialist to assist the classroom teacher in follow-up work done in speech class.

7. Assist the speech and hearing specialist in the establishment and maintenance of records and reports dealing with the work and status of the program.

8. Keep informed concerning the schedule of the speech and hearing specialist.

9. Visit speech and hearing therapy classes at intervals.

10. Arrange conferences with the speech and hearing specialist.

11. Provide office space for the speech and hearing specialist.

12. Arrange inservice programs.

13. Encourage continued education of speech and hearing specialist.

14. Help plan activities for coordination time.

15. Promote applied research.

Role of the School Principal

The principal is responsible for all activities within the school. His wholehearted and enthusiastic support is a major factor in the maintenance of a successful speech and hearing therapy program. The efficiency of the speech and hearing therapy program is dependent upon proper channeling and coordination with other activities. This requires a two-

an communications arrangement concerning all aspects pertaining to the operation of the school program. The school principal has the same administrative responsibility for the speech and hearing specialist as for other teachers. To support the speech and hearing specialist, the principal should:

1. Provide adequate room, furniture, utilities, and equipment.

2. Arrange for the exclusive use of the assigned room by the speech and hearing specialist on the days she is scheduled for this school.

3. Furnish the specialist with a duplicate copy of referrals made by classroom teachers.

4. Provide a school schedule.

5. Notify the specialist in advance of any activities which prevent children from attending speech and hearing therapy class so that the time may be used for parent conferences or individual therapy sessions.

6. Help coordinate the work of the speech and hearing specialist with other special services available.

7. Provide opportunities for the speech and hearing specialist to talk to teachers, parents, and community groups.

8. Encourage the classroom teachers to send children promptly to speech class, to carry out follow-up suggestions made by the specialist, and to consult the speech and hearing specialist regarding problems related to speech and language development of all children.

9. Arrange for classroom teachers to visit the speech and hearing therapy class.

10. Discuss with the classroom teachers their role in the speech and hearing therapy program.

Role of the Speech and Hearing Specialist

The speech and hearing specialist is trained to work in a relatively less structured framework than the classroom teacher. The specialist provides services that include assessment and

therapy for individuals handicapped by disorders of language, speech and/or hearing. The public school speech and hearing specialist should:

1. Assist the school staff in the identification of children with speech and hearing handicaps.

2. Provide diagnostic services for children with speech and hearing handicaps.

3. Select children for habilitative services and provide appropriate speech therapy, auditory training and speech reading.

4. Encourage children to transfer newly acquired skills to the classroom and the home by working with the children, their teachers and their parents.

5. Visit the classrooms to observe the children.

6. Serve as consultant to classroom teachers in speech improvement and language development programs.

7. Consult with the administrative staff in the development of appropriate inservice training programs for teachers and other staff members on problems relating to speech, hearing and language development.

8. Interpret the speech and hearing therapy program to the public.

9. Cooperate with health services agencies in the development of an appropriate hearing conservation program.

10. Utilize community agencies, resources, and facilities.

Several of the above suggestions were taken from Ohio School Speech and Hearing Therapy.[13]

Role of the Classroom Teacher

The classroom teacher and the speech and hearing specialist have both separate and joint roles in the development of good speech. They work closely together in sharing the responsibility of distinguishing which children need speech improvement versus which children need speech and hearing therapy, with the

specialist making the final decision. The speech and hearing specialist may profit by information provided by the classroom teacher. In turn, the teacher can implement suggestions given by the speech and hearing specialist and integrate the suggestions into the child's daily activities.[16] The classroom teacher should:

1. Report to the principal children with speech and hearing problems who entered school late or were overlooked in the initial survey.

2. Furnish the speech and hearing specialist with any information from the cumulative record concerning the personality and home or school background of the child.

3. Plan with the speech and hearing specialist the best time for children to have therapy.

4. Help develop in the child a desire to go to speech and hearing therapy.

5. Visit the speech and hearing class to observe how the specialist works with children.

6. Incorporate therapy activities with those of the classroom.

7. Encourage the daily, habitual use of newly acquired speech patterns.

8. Invite the specialist to observe children in the classroom.

Speech Improvement

Classroom teachers through the language arts program should provide experiences in speech improvement. Language arts programs should provide the assistance classroom teachers need to help all children learn to organize their thoughts and express them effectively in the best speech, voice and language of which they are capable. Through local inservice training programs, the speech and hearing specialist may offer significant help as a consultant in the development of instructional procedures for a speech improvement program. The sharing of knowledge through conferences and the sharing of skills and techniques through demonstrations should be directed toward supplementing the efforts of teaching personnel who have the prime responsibility

for activities in general speech and language.[17] After completion of the inservice period, the classroom teacher assumes responsibility for speech improvement and the specialist continues to serve as consultant.[18]

Role of the Tennessee State Department of Education

The professional staff of the Area of Special Education is a part of the Division of Instruction of the Tennessee State Department of Education. The staff functions within the framework of the Rules, Regulations, and Minimum Standards adopted by the State Board of Education to make effective the legal provisions of the various Public Acts of Tennessee.

While funds for speech and hearing programs are provided through the Minimum Foundation School Program, the State Department of Education can function only through the local school systems across the state.

The Area of Special Education assists the local school system in identifying the need for establishing, maintaining, and evaluating an adequate speech and hearing program. The professional staff should:

1. Determine the school system's readiness for speech and hearing services.

2. Assist the local school administrative personnel in establishing the program.

3. Interpret Rules, Regulations, and Minimum Standards.

4. Help the superintendent and his staff evaluate the speech and hearing program.

5. Encourage the school system to develop local policies.

6. Provide professional leadership.

7. Serve as consultant to local systems when requested.

REGIONAL OFFICES OF SPECIAL EDUCATION

Upper East Tennessee
East Tennessee State University
Johnson City, Tennessee 37601
Telephone: 615--926-1112, Ext. 341

East Tennessee
406 State Office Building
Knoxville, Tennessee 37902
Telephone: 615--522-4793

Southeast Tennessee
Cleveland State Community College
Cleveland, Tennessee 37311
Telephone: 615--472-7141, Ext. 280

Upper Cumberland
Tennessee Technological University
P. O. Box 113-A
Cookeville, Tennessee 38501
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Nashville, Tennessee 37203
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308 Park Century Building
Jackson, Tennessee 38301
Telephone: 901--422-3331

HEARING IMPAIRED

The incidence of hearing problems in Tennessee's school children is approximately one percent. Tennessee has accepted the concept that it is necessary to provide an equal opportunity for all children. Acting on this concept the General Assembly of Tennessee made the first state appropriation for Special Education in 1947. The Public Acts for this comprehensive program of services to exceptional children are in Tennessee Code Annotated, pp. 161-162, which defines the exceptional child and the power of the State Board of Education.

The rubella epidemic of 1964 has caused an increase in the number of hearing-impaired children. Many authorities are now predicting that as many as five percent of the children born during the epidemic have acoustic and/or multiple handicaps. In an effort to meet the needs of these children, the General Assembly of Tennessee enacted special legislation during the 1969 session. Tennessee Code Annotated, Section 49-2901, was amended by Chapter 218, Public Laws of 1969,[19] to make possible the establishment of programs designed to meet the needs of preschool hearing-impaired children down to and including three years of age. In Tennessee Code Annotated, pp. 161-162, the State Board of Education is authorized to implement the purposes of the Act by establishing classes in public schools, developing standards of eligibility for exceptional children, providing "excess cost" funds to further support these classes, assisting in the development of cooperative programs between two or more local school systems, permitting a local system to contract with a private institution or organization in the same county, and cooperating with other state agencies, with private agencies, and with state and private institutions to provide appropriate services for exceptional children.

The State Board in implementing these laws has continuously revised its Rules, Regulations, and Minimum Standards to provide for the expansion and improvement of services. As outlined in 1969-70 Rules, Regulations, and Minimum Standards, p. 13, services for the hearing impaired include two types of positions:

1. Severely hard of hearing and/or deaf

   A full position shall be allowed for instruction to a minimum of eight (8) eligible children in average daily attendance.

A full position (may be itinerant) shall be allowed for instruction to a minimum average monthly caseload of ten (10) eligible children.

2. Pre-school deaf

A position shall be allowed on the basis established in a plan approved by the State Commissioner of Education.

In order for a school system to qualify for one of the above positions in the minimum foundation school program, the following conditions shall be met:

A. Approval of Schools (1969-70 Rules, Regulations, and Minimum Standards, pp. 54-55.)

1. Use appropriate identification procedures to determine eligibility of children.
2. Provide a teacher who meets employment standards for exceptional children.
3. Develop a curriculum adapted to the individual needs, interests, and abilities of each child.
4. Provide appropriate physical facilities.
5. Provide the special equipment, materials, and supplies needed to implement the special program.
6. Provide special transportation where necessary.
7. Maintain appropriate records and reports to be used in planning and evaluating special education services.

B. Employment Standards (1969-70 Rules, Regulations, and Minimum Standards, p. 19.)

Teachers of exceptional children
(a) Shall hold a valid teacher's certificate.
(b) Meet the specialized requirements for certificate endorsement in the appropriate area of exceptionality. (See below.)
(c) Be approved by the State Commissioner of Education.

C. Teacher Certification (Tennessee Regulations for Certification of Teachers, 1968, pp. 23-24.)

Deaf and Severe Hearing Disabilities:

An applicant for endorsement in deaf and severe hearing disabilities shall have a minimum of 60 quarter hours in the General Education Core plus 30 quarter hours of Professional Education, of which not less than 9 quarter hours and not more than 15 quarter hours shall be in Psychological Foundations of Education. The applicant shall have completed at least 42 quarter hours in the following specialized preparation:

1. Survey course in exceptional children (required)

2. Specialized course work in audiology (at least 12 quarter hours) including courses in anatomy and physiology of the speech and hearing mechanism, hearing testing, hearing aids, causes of impairment, remedial procedures, including speech reading and auditory training

3. Specialized course work in education of children with severe hearing disabilities (at least 15 quarter hours), including courses in education and psychology of the deaf, speech development of the hearing disabled, teaching of language to the hearing disabled, teaching of reading and other elementary subjects to the hearing disabled

4. Similar specialized course work, such as educational and vocational guidance of the deaf, nature and needs of mentally retarded children, social casework or community services for children

5. Supervised student teaching of (9 quarter hours):

   a. The deaf and hearing disabled (6 quarter hours)

b. Student teaching of normal hearing children (3 quarter hours)

or

A statement from the teacher education institution indicating that the applicant has obtained 200 clock hours of practicum with the deaf

or

A statement from the school administration that the applicant has completed 2 years or more of successful specialized class teaching experience with the deaf

NOTE: Appropriate substitutions may be made for applicants who are deaf.

INITIATION OF A HEARING THERAPY PROGRAM

When local school administrators consider the development of educational programs for hearing-impaired children, they face the problem of determining how many children need this service and what kind of program appears most practical in their situation. The State Department of Education, through the Area of Special Education, will assist local public school systems in providing appropriate programs and/or services to hearing-impaired children in Tennessee. The following procedures are suggested for developing a program for hearing-impaired:

1. Determine the needs. Identify the eligible children in the school system. Determine their specific needs and establish priorities for meeting these needs. This may be done by consultation with parents, teachers, principals, physicians, and personnel from other agencies. Medical and psychological evaluations are useful in determining eligibility.

2. Use consultative services. Obtain information from the regional supervisor of special education, a representative from Crippled Children's

Service, and/or a representative from an institution of higher education with teacher training preparation programs in speech and hearing regarding state aid, types of approved programs, and procedures for identifying eligible children.

3. Secure approval of position. Obtain from the regional supervisor of special education the appropriate forms for each type of position requested. The forms to be completed and submitted to the regional supervisor of special education are:

   SE-100 - Plan for Full-Time Special Education Position
   SE-108 - Request for Authorization to Purchase Special Equipment, Materials, and Supplies under Excess Cost Program
   Other forms as determined by the type of program established.

4. Select a qualified person. Employ a specialist with certificate endorsement in deaf and severe hearing disabilities. This person should recommend a plan for organizing the program.

5. Provide physical facilities. Determine that appropriate space is available. (See 1969-70 Rules, Regulations, and Minimum Standards, pp. 54-55.)

6. Develop preschool programs. Programs for preschool hearing-impaired are experimental as provided for in 1969-70 Rules, Regulations, and Minimum Standards, p. 33.

ADMINISTRATION OF THE PROGRAM

The superintendent shall take the initiative in the development of programs for hearing-impaired children. His responsibility shall be to provide the same general facilities and equipment for these classes that he provides for his classes in the regular school program. Additional

technical equipment and teaching materials should be provided to meet the requirements of the individual program. Excess cost funds within limits are available for the purchase of specialized equipment and materials.

The State Board of Education has established criteria for determining eligibility of hearing-impaired children for services and/or programs in the public schools. (See Rules, Regulations, and Minimum Standards, p. 22.) Other factors to be considered would be the child's social maturity, language and communication skills, current intellectual functioning, personality, cause of the hearing loss, and implications for educational programs. For example, the site of the auditory lesion can determine to a great extent the methods and activities chosen to carry out the educational objectives.

In an effort to provide programs for hearing-impaired children, school systems in Tennessee have established the following types of educational programs:

(a) Day classes
(b) Resource rooms
(c) Itinerant teachers
(d) Preschool classes for hearing-impaired.

Role of the Coordinator

The coordinator is the person designated by the superintendent to assume administrative responsibility for the programs for hearing-impaired. Although most public school programs may not have anyone in a supervisory position who is familiar with the techniques for instructing hearing-impaired children, the coordinator of the program should assist the hearing specialist in the development of a quality program. The coordinator's role will be determined by the type of program established.

Role of the School Principal

The principal is responsible for all activities within the school. His wholehearted and enthusiastic support is a major factor in the maintenance of a successful program

for hearing-impaired. The efficiency of the hearing program is dependent upon proper channeling and coordination with other activities. This requires a two-way communicative arrangement concerning all aspects pertaining to the operation of the school program. The school principal has the same administrative responsibility for the hearing specialist as for the other teachers. To support the hearing specialist, the principal's role will be determined by the type of program established.

Role of the Hearing Specialist

The role of the hearing specialist will be determined by the type of program developed. Regardless of the type of program, the hearing specialist should provide the following:

1. Independence in play and work habits
2. Self-help attitudes
3. Disciplinary measures and techniques
4. Better understanding of family relationships
5. Social interactions
6. Motor coordination, general mobility, and safety habits
7. Auditory discrimination
8. Speech reading skills
9. Language (expressive and receptive)
10. Physical education and recreation

Role of the Parent

As in all programs, parents play an important role. When planning a comprehensive educational program for hearing-impaired children, this role is of major importance.

Parents should develop:

1. Knowledge related to the auditory defect itself and the implications for training residual hearing.

2. Understanding of physical, social, emotional, and intellectual characteristics of hearing-impaired children.

3. Understanding of linguistic growth in children.

4. Ability to stimulate home environment.

5. Positive attitudes toward their child's disability.

6. Ability to accept their attitudes and feeling toward themselves and their handicapped child.

Role of the Tennessee State Department of Education

(See p. 33.)

PART II

GUIDE FOR THE SPEECH AND HEARING SPECIALIST

The goal of the speech and hearing program in the public schools in Tennessee is to provide maximum help for children who have speech and hearing problems. The specialist should have leadership ability, good speech, normal hearing acuity, pleasant personality, and the ability to adapt to any given situation. She needs to develop an objective attitude toward and a strong interest in children with handicapping conditions.

The following recommendations are made to help the speech and hearing specialist provide services of high quality.

ORGANIZATION OF PROGRAM

The speech and hearing position is under the same general supervision and administration as the regular teachers of the same schools and system. Careful planning with the local administration and classroom teachers will insure thorough understanding and cooperation on the part of the entire staff.

IDENTIFICATION OF CHILDREN

The speech and hearing specialist must first identify children with speech and hearing problems and then establish a plan of priority for caseload. A speech survey conducted by the speech and hearing specialist is the most thorough method of finding children with speech problems. Teacher referrals may overlook children with problems which the speech and hearing specialist may consider more urgent.

In establishing programs, some classes can be started immediately for children who have been retained on the caseload from the previous year. The speech survey may then be continued on coordination time until a sufficient number of children has been identified as needing instruction.

Since the number of children to be screened each year is usually large, a screening method taking one to two minutes per child should be developed. All children enrolled in speech therapy shall have a battery of diagnostic tests to evaluate the nature and severity of the disorders and to determine therapeutic procedures.

Survey plans and procedures should be discussed with the superintendent or his designated representative and with the principal of each school. A comprehensive survey needs to be made initially and caseload maintained through systematic procedures.

ELIGIBILITY OF CHILDREN FOR SERVICE

Assuming the child meets other requirements for eligibility for school placement and that there are no medical, psychological, or educational contra-indications to speech and hearing therapy, the final decision concerning eligibility of children for speech and hearing services rests with the speech and hearing specialist. In reaching this decision, the speech and hearing specialist will consider such factors as:

1. Emotional and social maturity
2. Severity of problem
3. Related factors such as hearing and intelligence
4. Interest
5. Prognosis
6. Recommendations of teachers, principals, speech and hearing centers, and other professional personnel involved with the child.

DETERMINATION OF CASELOAD

After the speech and hearing specialist has determined which children are eligible for service, the current caseload is established. In determining the current caseload, the specialist and her supervisor must consider a number of factors, such as, requirements of the State Board of Education concerning caseloads, distribution of children among the schools being served, and the number of children requiring extensive or individual help. The specialist must be careful to avoid scheduling so many children that sufficient time cannot be devoted to careful diagnostic procedures, individual help when needed, and coordinating and follow-up work such as visits with parents and teachers. If all children in the program need group therapy only (a rare situation), the caseload would vary from 70 to 90. Two hours of instruction per week may be needed when extra sessions, home or classroom visits are necessary. It is possible to vary the program to meet this need. The key to caseload selection is determining how the specialist can most effectively help children.

SCHEDULING

Scheduling of children for speech and hearing services is dependent upon the types of problems involved, geographical location of the schools served, the availability of children at specific times and the time needed for other activities, such as inservice education. The speech and hearing specialist and the supervisor meet with the teachers and principals before determining the final schedule. Wherever possible, the child is scheduled for therapy at those times that interfere least with his other school activities. At times, however, the classroom teacher may need to alter her schedule to arrange for the child's absence from the classroom.

In Tennessee, the speech and hearing program is designed to give a child one hour of instruction per week. This is considered minimum. Some children have severe speech and/or hearing problems. Variations in the program can be made for these children. The regional supervisor of special education will help the administrative staff make arrangements for this variation.

High school students are difficult to schedule. Some students are unwilling to face their problems although their speech affects their relationship to peer groups. When possible, the speech and hearing specialist should schedule these students during study period. Although high school students may have two thirty-minute lessons per week, a once-a-week schedule is acceptable, provided the students are faithfully carrying out assignments. When a student has reached the "carry-over" phase of his training, he may be scheduled for once-a-week classes.

There has been considerable experimentation with several "block" systems of intensive instruction for varying lengths of time. The particular comprisal of systems will depend on the geographical location of schools, the number of children in each school, the existence of severe speech problems in certain buildings, the number of speech cases to be scheduled, and the desire of the principals and teachers.

Speech and hearing specialists are encouraged to carry on inservice training for classroom teachers. The objectives of such training may include helping teachers understand the concepts of correction of communication disorders, providing information on specific disorders, and, more importantly, giving suggestions for ways of integrating speech and language

objectives in regular classroom teaching. The speech and hearing specialist may schedule classroom demonstrations for such activities, especially for the primary and kindergarten teachers.

GROUPING

Many children need group therapy only, some require individual therapy only, while others benefit most from a program combining group and individual therapy. Since the techniques for working with children who stutter or who have voice problems are often quite different (and even contradictory) to techniques utilized for articulation cases, the type of speech problem involved and the objectives of therapy for the individual child should be considered. Wherever possible, children from the same grade level are grouped together, so that appropriate materials and activities can be utilized. Frequently, however, it may be more appropriate to place children of different grade levels but with similar levels of maturity and type of problem together. The final decision on grouping should be left to the judgment of the professionally competent speech and hearing specialist.

COORDINATION TIME

Sufficient time should be set aside for coordination activities. Responsibilities for utilizing this time will vary with the needs of each speech and hearing program.

Possible activities include:

1. School, home, or telephone conferences with parents and/or persons concerned with the child's welfare.

2. Observation of a child in the classroom situation.

3. Consultations with school counselors, psychologists, social workers, local health department personnel, and other persons concerned with the child's welfare.

4. Initial individual diagnostic speech and language testing, speech screening, and re-evaluations of previously tested cases.

5. Hearing testing, retesting, and follow-up of previous hearing tests.

6. Individual instruction sessions.

7. Diagnostic work-up and evaluation of new referrals.

8. Attending professional conferences and conducting workshops.

9. Participating in special projects involving research.

10. Preparing for therapy sessions.

GUIDE FOR HEARING SPECIALIST

As in the past, systems wishing to establish hearing programs should work directly with the regional supervisor of special education in developing programs for the hearing-impaired. The type of program developed will be determined by the number of children identified, age and grade level of the children, the geographical location of schools to be served, and the types of problems.

PART III

ANCILLARY AGENCIES

In Tennessee, other agencies offer ancillary services which are not only valuable but necessary in order that the needs of the children with speech and hearing defects are met. These agencies are: Tennessee Department of Public Health and hearing and speech centers in Tennessee. (See page 42.) Appropriate requests for services should be directed to these agencies, which offer the following types of services.

Tennessee Department of Public Health

Hearing screening for case finding is the primary responsibility of the Tennessee Department of Public Health, Speech and Hearing Service. Each year all children in the second, fourth, and sixth grades are given an audiometric screening test. In addition, special teacher referrals are checked from all other grades through high school. All children with problems found in previous years are rechecked. This service is available upon request to the Regional Office of Speech and Hearing Service by the superintendent through the county health department. Regional offices are located as follows:

Regional Director
Speech and Hearing Service
Suite 102 - Interstate Building
540 McCallie Avenue
Chattanooga, Tennessee 37402
Telephone: 615--267-1752

Regional Director
Speech and Hearing Service
Simpson Center Office Building
Jackson, Tennessee 38301
Telephone: 901--422-6261

Regional Director
Speech and Hearing Service
304 State Office Building
617 West Cumberland Avenue
Knoxville, Tennessee 37902
Telephone: 615--525-6063

Regional Director
Speech and Hearing Service
816 Jefferson Avenue
Memphis, Tennessee 38105
Telephone: 901--525-8831

Regional Director
Speech and Hearing Service
130 West Myrtle Street
Johnson City, Tennessee 37601
Telephone: 615--928-3140

Regional Director
Speech and Hearing Service
221 South Gay Avenue
Cookeville, Tennessee 38501
Telephone: 615--526-2199

Regional Director
Speech and Hearing Service
Room 338, Cordell Hull Building
Nashville, Tennessee 37219
Telephone: 615--741-2360

The speech and hearing specialist's first responsibility is speech therapy. However, it is recommended that the specialist work with the Health Department personnel when they are in the county so that the specialist may become familiar with their program and assist them in whatever way possible.

The Health Department Speech and Hearing Service records are turned over to the public health nurse for follow-up.

Follow-up treatment for medically indigent children is provided by Speech and Hearing Service. The county health department completes an application for service and an economic inventory on families and forwards these to the Regional Office of Speech and Hearing Service. Appointments for audiological examinations will be sent. Speech and Hearing

Service page for all follow-up treatments, including tonsillectomies, adenoidectomies, mastoidectomies, ENT or ear surgery, drugs, and X-ray. Tonsillectomies and adenoidectomies are approved only if the child has a hearing loss. The Health Department criterion for medical referral is an average loss of 27 db (ISO) at frequencies 500, 1000, and 2000 in either or both ears. Under the ASA standard, the criterion was a loss of 20 db or more in two frequencies in the speech range in one ear. Under the ISO standard, screening is done at 25 db.

Teachers will find children with possible hearing losses during the year after or before the Health Department personnel are in the county. The speech and hearing specialist's responsibility is to test these children. The Tennessee State Department of Education Speech and Hearing Record (provided by the Health Department) is completed and submitted to the County Health Department. In completing this form, please adhere to the following instructions:

POINT

Always give first and middle name of child.
Do not give nicknames; if a child says his name is Billy, ask him if his right name is William.
Always get birthdate: without month and year, record cannot be processed.
Complete section "History of Disease or Condition: Ear." This is important. Failure to fill in this part may keep a child from being accepted. If there has been no history of earaches, indicate negative.
Always make complete audiogram on both ears since binaural average is ascertained from this. It cannot be when there is only notation "screened at 25 db."
Be sure to indicate in box at upper left hand corner whether child has speech or hearing problem or both.
Make four copies of speech and hearing record for the Health Department. Be sure the last carbon is legible. If it is a medically indigent child, the county public health nurse will make the necessary referral to Speech and Hearing Service.

How to Refer

If the speech and hearing specialist has a medically indigent speech case which should be referred to a speech and hearing center for diagnosis, the Department of Education Speech and Hearing Record should be completed and submitted

to the public health nurse for referral to Speech and Hearing Service. Speech and Hearing Service will make the appointment at the center and the specialist will be sent a copy of the evaluation report. The specialist may accompany the child to a speech and hearing center if the superintendent or his designated representative approves.

Speech and Hearing Service may purchase hearing aids for children who need them. The speech and hearing specialist's responsibility is to follow this child in the county. He may need speech reading, auditory training, or help in getting accustomed to his aid. If a child fails to wear an aid provided for him, please advise the Regional Director of Speech and Hearing Service. Should an aid need repair, send it to the Speech and Hearing Regional Director. Send the aid, receiver and cord. DO NOT send the earmold.

The Hearing and Speech Centers in Tennessee

In 1951, the Tennessee Hearing and Speech Foundation was organized as a private, nonprofit corporation whose objectives were the promotion, encouragement, and provision of clinical services for all speech and hearing handicapped persons in the state. Speech and hearing centers have now been established in different regions of the state so that they will be easily accessible to people throughout the state. Inasmuch as the centers have equipment which would not be feasible for a public school system to maintain and can provide intensive therapy, it is advisable for the speech and hearing specialist to refer cases to a center when a complete diagnostic work-up is needed. Therapeutic services are also available, if desired.

Requirements for Admittance

There is not a uniform policy regarding medical referral for a speech and/or hearing evaluation, but all centers require that a diagnostic appointment be made in advance. Contact may be made by phone or letter and specific procedures to be carried out in preparation for the appointment will be explained.

Fee Policy

Fees are determined by the type of service provided and are scaled according to ability to pay. If a family is indigent, they should be referred to Crippled Children's Service of the Tennessee Department of Public Health.

Hearing and Speech Centers in Tennessee

Medical Speech and Hearing Center
Baptist Memorial Hospital
Memphis, Virginia-Tennessee 37620
Telephone: 615--669-8731

Chattanooga-Hamilton County Speech and
Hearing Center
819 Oak Street
Chattanooga, Tennessee 37403
Telephone: 615--267-3641

East Tennessee State University
Speech and Hearing Clinic
Johnson City, Tennessee 37601
Telephone: 615--928-7386 or 926-1112

Memphis Speech and Hearing Center
807 Jefferson Avenue
Memphis, Tennessee 38103
Telephone: 901--525-6711

Middle Tennessee State University
Speech and Hearing Clinic
Box 364
Murfreesboro, Tennessee 37130
Telephone: 615--879-3660

University of Tennessee Hearing and
Speech Center
Volunteer Drive and Stadium Boulevard
University of Tennessee Campus
Knoxville, Tennessee 37916
Telephone: 615--974-3651

West Tennessee Hearing and Speech Center
765 West Forest
Jackson, Tennessee 38301
Telephone: 901--422-3960

Vanderbilt Hearing and Speech Center
19th Avenue South at Edgehill
Nashville, Tennessee 37212
Telephone: 615--321-2420

Tennessee School for the Deaf

Tennessee children who cannot be satisfactorily educated in the regular public schools because of a hearing deficiency are eligible to apply for admission to the Tennessee School for the Deaf in Knoxville. Plans are also underway to establish a branch of Tennessee School for the Deaf in West Tennessee. The program of this school is designed to give the deaf child the education he needs to enable him to obtain the status as an adult which will make him happy, independent, self-supporting, and a contributing member of society.

Tuition, board, laundry, and ordinary medical attention are provided by the school. Medical care requiring specialists, surgery, brace, and special medication, as well as transportation to and from the school, clothing, and incidental expense money must be provided by parents, friends, or local organizations.

Applicants to the school must legally reside in Tennessee and may apply as residential or day pupils. Parents of prospective pupils are urged to visit the school and to become familiar with the program offered and with the facilities and services available.

All applicants should write directly to the superintendent of the school at this address:

Tennessee School for the Deaf
Box 806
Knoxville, Tennessee 37901
Telephone: 615--577-7581

References

[1]Wendell Johnson, Improving the Child's Speech (New York: Oxford University Press, 1953), p. 10.

[2]W. M. Cruickshank and Orville Johnson, Education of Exceptional Children and Youth (Englewood Cliffs, New Jersey: Prentice Hall, 1958), p. 306.

[3]California Program for Speech and Hearing Handicapped School Children (California State Department of Education: 1967), p. 49.

[4]Ibid., pp. 49-50.

[5]Charles Van Riper, Speech Correction--Principles and Methods (Englewood Cliffs, New Jersey: Prentice Hall, 1963), p. 10.

[6]Wendell Johnson et al, Speech Handicapped School Children (New York: Harper and Brothers, 1956), p. 6.

[7]G. E. Fantasia and F. H. Wilson, "Otorhinolaryngic Findings in Children with Voice Disorders," Annals of Otology, Rhinology, and Laryngology, LXXVII(December 1968), 1027.

[8]Glenn E. Veitch, "A Neuro-Psychological Investigation of 'Functional' Articulation Disorders," (Doctor's dissertation, University of Tennessee, 1969); and Bernard Silverstein, "A Defective Articulation Syndrome Characterized by Consonant Omissions," (Paper presented at annual convention of the American Speech and Hearing Association, Chicago, November 1967).

[9]Tennessee Code Annotated (New York: Bobbs-Merrill, 1955), IX, 161-162.

[10]1969-70 Rules, Regulations, and Minimum Standards (Nashville: Tennessee State Board of Education, 1969).

[11]Tennessee Regulations for Certification of Teachers (Nashville: State Board of Education, 1968), pp. 22-23.

[12]Ralland Van Hatten, Clinical Speech in the Public Schools: Organization and Management (Springfield, Illinois: Charles C. Thomas, 1969), pp. 191-192.

[13]*Ibid*., pp. 211-213.

[14]"Recommendations for Housing of Speech Services in the Schools," ASHA, XI(April 1969), 181-182.

[15]*Ohio School Speech and Hearing Therapy* (Columbus: State Department of Education, 1969), pp. 38-39.

[16]*California Program*, pp. 49-50.

[17]"The Speech Clinician's Role in the Public Schools," ASHA, VI(June 1964), 191.

[18]Jon Eisenson and Wardel Ogilvie, *Speech Correction in the Public Schools* (New York: Macmillan, 1963), p. 152.

[19]*1969 Public School Laws of Tennessee* (Nashville: Tennessee State Department of Education, 1969), p. 56.